

Sign Out
Edit
View
Format
Reports
Chat/Help




Chart Room

Chart Face

Back

< prev

next >

Show Notes in List

SOS

610 N. Silver St

Silver City, NM 88061

575-958-6131

575-958-6947

Sanders, Crystal

ID: 46 DOB: 1/22/1978

Case Management Note (SOS)

Use Note Creation Time

Clear Time

Set Date/Time

7/30/2023

3:12 AM

Service Location

Turn

Audit Log

Copy contents of the text only into

Copy complete note into

Print

Print Preview

Presenting Problem:

She continues to experience symptoms of anxiety.

Substance use symptoms continue.

Social Support Changes:

No changes in Crystal's family or social support network have occurred.

Recent History: Client is impaired in the functional domain(s) of:

Independent living

working

recreation

limited mobility

Substance use in combination with limited mobility make fulfilling the functional domains challenging.

predisposition to alcohol and substance abuse

Client has experienced domestic abuse

Client shows symptoms of PTSD

THERAPEUTIC INTERVENTION: The patient was given emotional support.

Therapeutic efforts also included encouragement to ventilate feelings.

Client spoke of prior addictions to prescription opioids and of withdrawal from said substances. Client spoke with staff about escaping domestic abuse. Client spoke of the PTSD that she feels she suffers now from that abuse. Client spoke about her worry for her friends who are in active addiction. Client spoke at length about her family.

Building self-esteem was today discussed. Positive affirmations were used to remind the client of her strengths and positive attributes. Reflective statements were used to show the client that they were actively listened to. Client was encouraged to remain focused on obtaining sobriety.

Assessment: Client was positive in her attitude. Client was ambulatory though it was strained. Client was casual in dress. Client was insightful and had fair judgment as she spoke. Her volume was normal and rate and her affect and associations were intact.

Plan: Continue to accommodate client to the best of shelter abilities and continue to prompt client to continue participating in programming plans now being implemented by shelter staff.

Please Note: Changes or editing on this page will be lost if you return to this page without saving. Please save your work before printing.

You should limit your editing to minor, last minute changes before printing.

Edits here will NOT show in Documents Upload Site.

spell check

find

(Please click in the field and scroll down to see full text of note.)

Capture Signature

#1 Signed By:

Capture Signature

#2 Signed By:

Capture Signature

#3 Signed By: